

Libby and Matthew's Story¹

This story began when Libby brought her son to the mental health center. Matthew was 10 years old, spent most of his time alone, did not have many friends, was not doing well in school, and had made comments about not having much reason to live. Matthew was originally diagnosed with depression and later with bipolar disorder. Although he was prescribed medication and began going to therapy, Libby was uncertain if therapy was helping, because Matthew did not talk much or express his feelings verbally.

As he entered adolescence, Matthew's behavior became worse in school. He had academic potential but did not focus on or complete schoolwork and he became very oppositional in the classroom. The mental health center continued to provide the same few services while Matthew's behavior became worse. Eventually, Matthew was assigned a case manager. Although services helped in some ways, Libby was concerned that Matthew's ability to appropriately express his feelings was not improving. As a mother, she also felt that she did not totally have a grasp on her son's plan and services.

At age 14 when Matthew entered high school, Libby's anxiety increased about his ability to succeed school. She also was now exhausted as a parent. About this time, the mental health center offered a "child and family team" (CFT). A new case manager began the CFT process.

"Our team was made up of me, my son, my husband, family friends, a family advocate, and professionals already working with my son," said Libby. "Basically those working with Matthew were those who knew him best and cared most about him. The right to choose team members is very significant, because once you get to the meeting you are totally exposed as a family. That in itself is scary. Having supportive team members makes it a little more comfortable.

"I liked the idea of having a team because I just couldn't do it alone anymore. Also, the team process seemed to be a more supportive environment than meeting individually with professionals and then trying to figure out what was best for my son by myself. This team approach was a supportive process versus a process where professionals tell you what they think you should do.

"Before the first CFT meeting the case manager asked Matthew and me who we wanted on the team. Matthew did not want the schools on the team at first and we did not invite them to our first meeting. Matthew told the case manager that there was so much

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tension between him and the school staff that he thought they would just say negative things about him and that he would get angry.

“The case manager responded to Matthew’s request and at the meeting, everyone talked about Matthew’s needs. What was especially important is that the team members listened to Matthew. The environment for the meeting was one of trust, comfort and promoted success. It made it much easier to talk about problems and figure out strategies for Matthew’s plan as a team.

“Team meetings always started with posting my son’s strengths so everyone could see them. At first that seemed silly to Matthew, but he began appreciating it when he saw what people had to say about him. We spent a lot of time detailing what Matthew’s strengths were and what he was doing right. We never began a meeting any other way and we revisited the strengths list every meeting, adding to it each time.

“This was Matthew’s first experience seeing so many people with faith in him. He saw how many people were willing to come to the table and cared enough about him to meet and figure out what would work for him. When everyone is there together, it is more noticeable.

“Matthew responded positively to starting a meeting announcing his and his family’s strengths. He and I both found the plan development process much more useful as a group process as opposed to individuals doing their plan separately. Communication about progress and among providers was much better. I understood better what each provider was doing because we talked about it each meeting at the same time. Before the CFT, the therapist would tell me things Matthew was doing and I would not know if it was progress or not or significant or not. But in the CFT, the therapist put the feedback in a context that better informed me.

“Matthew took his plan, goals and strategies more seriously because he helped develop the plan. The planning process in itself provided an opportunity for Matthew to express his concerns and feelings, something that he had difficulty doing. Some members who were our friends and family and who truly understood Matthew could support him while he attempted to communicate his thoughts and needs. There was more patience from the team when Matthew became frustrated.

“When transitions were discussed during the meetings, like preparing the new teacher at the beginning of the school year, this team had ideas and prepared how to make the transitions successful for Matthew.

When asked, “What do you think were the elements of this process that made it so successful for you and Matthew,” Libby answered: “This case manager was trained in Child and Family Teams, knew how to gather strengths, and knew how to develop a plan well. She clearly had been trained and she had the skills to conduct the meeting. She also made us comfortable. She met individually with Matthew before his first CFT meeting and prepared him for what would happen, what she would be asking, and conducted his

initial strengths assessment. She encouraged him to ask questions in advance and gave him answers in a very honest way.”

“Our meetings were held where we were most comfortable. We met at our church and the team members were willing to meet there, too. I believe the case manager also prepared the other team members before our first CFT meeting. Everyone seemed to understand why we were coming together and what we were going to try to accomplish.

“In the past I have had case managers tell me that they were my advocates, but this case manager invited a family advocate to support me. The family advocate was from a parent organization that was also a parent of a child with emotional challenges. It was incredible how helpful it was to have a team member that had walked in my shoes and could relate to what we had been going through. This case manager recognized that as a need and acknowledged the differences between her advocacy role and a parent advocate.

“In time, the school staff became team members, once some confidence and trust was instilled in Matthew, and the case manager encouraged us to do so. They were clearly important members of the team, too, and needed to be there as well.

Libby summarized the importance of the CFT process by saying, “One was the connection to a family advocate who understood my struggles as a parent, someone who had been through this. The second was involving Matthew in every part of the process. The team listened to him as he voiced his opinions and concerns and the team considered what he had to say in the development of the plan. Finally, we continuously compiled the strengths list and then used our family strengths in the development of Matthew’s plan. The review of strengths always started the meeting of positively.”

Matthew graduated from high school magna cum laude in all honors course and is now earning money for a car before going to college.